

Connecticut Department of Economic and Community Development Application for Economic Development Financial Assistance

This is the final application for financial assistance. All information presented here should reflect terms negotiated as described in the business assistance proposal.

APPL	ICANT IDENTIFIC	ATION			
Appli	cant's Full Legal	Name:			
Appli	cant Address:				
	_		Zip Code:		
Cont	act Person:				
Telephone:		Fax:	E-Mail:		
Proje	ct Name:				
Droio	et Location:	, -	on, expansion, relocation, development, study, etc.)		
Project Location:					
Fede	ral Employer Iden	tification #:	SIC Code:		
APPL	ICANT INFORMA	TION			
1.	Form of Organization (attach copy of corporate certifi		ertificate – Exhibit "A")		
Private, fo		Profit	Municipality		
	Non-profit (5	01(c)3, or other non-profit)	Other:		
2.	Form of Owner	chin	(please explain)		
۷.	Form of Owner Corporation	siiip	Partnership		
	Proprietorsh	ip	Other:		
			(please explain)		
	Sub-chapter	·			
	Date Acquired/E	stablished:	State of Creation:	State of Creation:	
	Minority Ow	ned	Woman Owned		
3.	Nature of Busin	ness			
	a. Industry	r Retailer	Wholesaler		
	Manufacture				
	Service Con	npany Construction	Finance, Insurance or Real Estate		
	Other:	(Specify)			

c. Type of Product or Service (e.g. pharmaceuticals, computer software, machine tools, etc.): 4. Gross sales/Receipts Total Sales/Receipts \$ Approximate % Sales in CT Approximate % sales outside of CT Approximate % Sales outside of US 5. Ownership and subsidiaries Please attach as Exhibit "B" a list of the names, titles, and percent of ownership of all stockholders. If there are more than ten stockholders, list only those with 10% or more ownership. Also list all business organizations, including but not limited to, corporations, partnerships, limited partnerships, sole proprietors, trusts, and syndications which are subsidiaries or affiliates of the Applicant as usubsidiary affiliate, then list the owning or holding organization and all subsidiaries or affiliates. If there are none, please so indicate. 6. Company History Please provide a brief description of the company's history and attach it as Exhibit "C". 7. Use of Funds: Check off the items listed below that pertain to the Project (in accordance with the sources and uses of funds as described in the Business Assistance Proposal): Personnel Costs Salaries Salaries Machinery and equipment Appraisals Payroll taxes Capital Costs Machinery and equipment Appraisals Payroll taxes Engineering/Architectural Engineering/Architectural Engineering/Architectural Engineering/Architectural Legal/Accounting Computer software Computer software Other (describe) Description: Research and Development Other (describe)		b. Busiı	Business Activity (e.g. research and development, production, headquarters, etc.):					
Total Sales/Receipts \$ Approximate % Sales in CT Approximate % sales outside of CT Approximate % Sales outside of US 5. Ownership and subsidiaries Please attach as Exhibit "B" a list of the names, titles, and percent of ownership of all stockholders. If there are more than ten stockholders, list only those with 10% or more ownership. Also list all business organizations, including but not limited to, corporations, partnerships, limited partnerships, sole proprietors, trusts, and syndications which are subsidiaries or affiliates of the Applicant along with their address and the nature of their interest or connection. If the Applicant is a subsidiary or affiliate, then list the owning or holding organization and all subsidiaries or affiliates. If there are none, please so indicate. 6. Company History Please provide a brief description of the company's history and attach it as Exhibit "C". 7. Use of Funds: Check off the items listed below that pertain to the Project (in accordance with the sources and uses of funds as described in the Business Assistance Proposal): Personnel Costs Capital Costs Salaries Machinery and equipment Appraisals Payroll taxes Appraisals Payroll taxes Engineering/Architectural Phyrolididing acquisition General & Administrative New construction Rent Leasehold improvements Employee training Legal/Accounting Computer equipment Consulting services Computer equipment Consulting services Computer software Planning & marketing studies Office equipment Other (describe) Contingency Other (describe) Other Costs Accounts receivable Relocation costs Research and Development		c. Type	. Type of Product or Service (e.g. pharmaceuticals, computer software, machine tools, etc.):					
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Sources and uses of funds as described in the Business Assistance Proposal): Personnel Costs Salaries Fringe Benefits Payroll taxes Other (describe) Rent Employee training Legal/Accounting Consulting services Planning & marketing studies Other (describe) Other (describe) Other (describe) Contingency Other (describe) Other (describe) Other (describe) Other (describe) Other (describe) Other (describe) Other Costs Accounts receivable Inventory Other (describe) Research and Development	6.							
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Land/Building acquisition			Payroll taxes	Engineering/Architectural				
New construction Rent Leasehold improvements Legal/Accounting Legal/Accounting Computer equipment Consulting services Computer software Planning & marketing studies Office equipment Contingency Other (describe) Other (describe)	Other (descri		Other (describe)	Environmental/Feasibility				
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Inventory Other (describe) Refinancing of debt Business support services Research and Development		Other Working Capital		Other Costs				
Other (describe) Business support services Research and Development			Accounts receivable	Relocation costs				
Research and Development		Inventory		Refinancing of debt				
			Other (describe)	Business support services				
Other (describe)				Research and Development				
				Other (describe)				

	Please attach a brief description as Exhibit "D"								
9.	Employment (Full-time employment is a minimum of 35 hours per week as reported to the Department of Labor)								
Presei	nt Employment	Projected Employme (2 yrs.)	ent Increase	Projected Employment Increase (5 yrs.)					
Full Tir	me:	Full Time:		Full Time:					
Part Ti	me:	Part Time:		Part Time:					
Total		Total		Total					
Of the present employment listed a funding?		•		e did not provide the proposed					
10.	Security/Collateral for DEC	D State Financial Ass	istance (Check	k appropriate)					
	Real Property	_ Corporate Guaranty	Machin	nery and Equipment					
	Personal Guarantee	_ Other:	(Specify)						
	Not required		(Opecity)						
11.	Defense Diversification Is this a Defense Diversification Project Yes No If yes, please complete the DECD Defense Diversification Form and attach.								
I,	CERTIFICATION , the Authorized representative of , named in this application for financial								
assistance, do hereby certify under penalty of perjury that the information contained herein and attached hereto as exhibits is, to the best of my knowledge and belief, true, correct and complete, and that the State of Connecticut can rely upon these statements in determining whether to fund this project. I further understand and agree that I am under a continuing obligation to inform the Department of Economic and Community Development in writing of any corrections, omissions or material changes in this application and its exhibits. I also agree that the spending of funds will be in accordance with the Project Financing Plan and Budget.									
Signat	ure of authorized representativ	re .	Title						
Date									
Updated	l 10/98								

Project narrative

8.